Colorado EMS Education Program Signature Sheet

Colorado Department of Public Health and Environment Emergency Medical and Trauma Services Section HFEMSD-A2 4300 Cherry Creek Drive South Denver, CO 80246-1530 (303) 692-2980

Signature Authority Management

The granting of authority to sign legal documents in the name of a Colorado EMS education program requires close management to assure that a program is not held accountable for credentialing errors resulting from improper authority. Programs must assure that only authorized personnel are signing documents as a representative of the program and in accordance with the program's policies.

- Education programs determine how many and which personnel are granted signature authority for the program. It is recommended by the Colorado EMTS Section that no fewer than two individuals be granted authority. Too many signatures can result in the potential for falsification of signatures.
- A frequently overlooked action by the program is to inform all personnel; full-time, part-time, and contract, as to whether they do or do not have signature authority. Signatures on EMT certification applications that are not on file with the Colorado EMTS office are investigated for forgery and can cause denial or delays in certification.
- Signatures of all authorized personnel must be on file with the Colorado EMTS office. The program
 is responsible for keeping the EMTS office up-to-date on personnel currently authorized to sign for
 the program. Failure to do so may result in the certification of unauthorized EMS providers and
 liability to the program

Adding NEW Personnel Signature Authority

To add the signature of newly authorized program personnel to an existing list with the Colorado EMTS office, complete a new signature form that is signed by the program director and notarized. Signatures on EMT certification applications that are not on file with the Colorado EMTS office are investigated for forgery and can cause denial or delays in certification.

Removing Signature Authority

It is the responsibility of the program director to notify the Colorado EMTS office as soon as possible if program personnel are no longer authorized to sign State EMT (re)certification application forms in the name of the program. Failure to do so may result in the certification of unauthorized EMS providers and liability to the program

To remove authority, a written notice must be sent by the program director to the Colorado EMTS office as soon as authority is removed. The program name, number, and name of the individual whose authority is removed must be included. *Note: An individual is considered authorized to sign applications until the program officially removes them with the EMTS office.*

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INSTRUCTIONS:

Use this form to establish authority for program personnel to sign Colorado EMS Provider certification application forms and to add or remove authorized program personnel to/from an existing list with the Colorado EMTS Section.

The program director determines which individuals will have signature authority for the program. The EMTS Section recommends that a minimum of two (2) individuals be granted signature authority.

- o Only program personnel included on this signature sheet are allowed to sign Colorado EMS Provider certification application forms.
- o Assure that ALL program personnel; full-time, part-time, or contracted, know whether they are/are not permitted by the program to sign Colorado EMS Provider certification application forms.

Signatures submitted on this form will be honored by the Colorado EMTS office for all current levels of State accreditation held by the program and for both education and skills attestation and verification.

 The program director may limit staff authorization to a specific level (i.e. Basic only) or function (i.e. CEU approval only). It is the program director's responsibility to notify staff if signature authority is limited.

Enter program information and the printed names of all personnel who will be granted signature authorization.

o Have authorized personnel affix their signature in ink in the box to the left of their printed name.

The program director is required to sign in the Affirmation Box that all submitted names and signatures are correct and represent program personnel who are granted signature authority.

o Have a notary public complete the Affirmation Box. This notarization is ONLY for the signature of the program director and NOT for each signature in the list above the Affirmation Box.

Only the program director may add or remove signature authority.

In the event of a change in program director, the EMTS office may require verification by the new director for all currently authorized signers.

If the program director is to be granted signature authority, his or her signature must also appear in the list above the Affirmation Box.

If additional signature sheets are needed to list more than 12 individuals, submit another signature sheet that is signed by the program director and notarized.

Photocopy this completed form for your program's records prior to submission.

Submit the original and notarized signature sheet to the Colorado EMTS office.

Programs can send new or updated (notarized) signature sheets to:

Joni Briola, EMTS Education and Practice Coordinator Colorado Department of Public Health and Environment HFEMSD-A2 4300 Cherry Creek Drive South Denver, CO 80246-1530

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First time submission.

A total replacement of all previously submitted signature sheets.

The addition of newly authorized program personnel to your existing list.

The removal of previously authorized program personnel from your existing list.

Program Name:	Program Number:	- CO
Program Director's Name:	Contact Phone:	
Date Submitted:		
# PRINTED NAME	SIGNATURE	Removal Request Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
AFFIRMATION BOX I hereby affirm that the above names and signatures are for approved signature authority for the named Colorado EMS Education Program.		
(Program Director's Signature) Note: Notarization is for Program Director signature only.		
Subscribed and sworn to on this day o	(dev) (====================================	(11224)
	(day) (month)	(year)
-		-
(Signature of Notary Public)	(My comn	nission expires)